## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/538658 APPLICANT(5)

FILING DATE

## CLAIMS

| <b> </b>        | <del>-,</del>                                    |  |                |               |              |             |  |  |  |  |
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| TOTAL IND.      | 11   | 177  | <del></del>    | <del></del>   | <del></del>  | <del></del> |  |  |  |  |
|                 | 7  | 1  |                | B             |              | 4           |  |  |  |  |
| OTAL DEP        | ///  | <b>(2)</b>                                       |                | 49            |              | <b>♦</b>    |  |  |  |  |
| TOTAL<br>CLAIMS | 15   |  |                |               |              |             |  |  |  |  |
|                 |  |  |                |               |              |             |  |  |  |  |

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|                 |              | AS FILED   |  | AFTER CAMENDMENT |                | AFTER 1 MAMENDMENT |  |
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| 90<br>91        |              | [-         |  |                  |                | ]                  |  |
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| TOTALIND        |              | \$         |  | 8                |                | 食                  |  |
| TOTAL DEP       |              | <b>4</b> 2 |  | (a)              |                | <b>(=</b>          |  |
| TOTAL           | 8            |            | 推  |                  | 2              | 2363               |  |
| CLABCS          |              |            |  |                  |                | 0252G              |  |
|                 | U.           | S. DEPARTM | ENT +COM                                     | MERCE            |                | - 1                |  |